

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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41	26					
42	26					
43	1	26				
44	1	26				
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50						
TOTAL IND.	3					
TOTAL DEP.	444					
TOTAL CLAIMS	447					

	IND	DEP	IND	DEP	IND	DEP
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